

ACTIVITY #: \_\_\_\_\_

**TOWN OF BROOKFIELD  
APPLICATION – STORAGE TRAILER**

APPLICATION DATE: \_\_\_\_\_

PROPERTY ID#: \_\_\_\_\_

**APPLICANT/AGENT :**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

**LAND OWNER OF RECORD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

**SITE DATA & DESCRIPTION OF WORK:**

Street Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Type of Trailer: ☐ Enclosed Box ☐ Flatbed ☐ Other \_\_\_\_\_

Size of Trailer: \_\_\_\_\_ State of Registry: \_\_\_\_\_

License Tag Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Time period trailer to be at site: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe placement of the trailer on site (site plan required):  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT/OWNER REPRESENTATION:**

I apply herewith for the above indicated temporary permit and represent that the above information is current, accurate and complete. I further represent that I fully understand the applicable regulations and that all activity will be carried out in conformity with these regulations.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMPORARY PERMIT APPROVAL & CERTIFICATION:**

- This permit is for the period of \_\_\_\_\_, but in no event more than sixty (60) days in any one calendar year.
- This permit is only approved for a commercial or industrial site.

Approved and certified to be a true copy of this Temporary Permit dated \_\_\_\_\_  
at Brookfield, CT.

\_\_\_\_\_  
For the Town of Brookfield Zoning Commission

\_\_\_\_\_  
Date